

Ridgefield Park Swim Team Registration Form

Ridgefield Park Swim Team is open to interested swimmers ages 5-17 years old..

Each swimmer must be able to swim one length of the pool without stopping with the exception of 5 & 6 year olds who must be able to swim at least half the length of the pool.

Pool Membership required to join the swim team.

\$ 20 per child (Maximum of \$50 per family)

(Please print clearly)

Swimmer's name: _____ Age As of 6/1: ____

Swimmer's name: _____ Age As of 6/1: ____

Swimmer's name: _____ Age As of 6/1: ____

Swimmer's name: _____ Age As of 6/1: ____

Parents' Names: _____

Emergency Contact: _____

Address: _____

Relationship: _____

Home: _____ Work: _____ Cell: _____

Home: _____ Work: _____

Email Address (es): _____

Cell: _____

****Any medical condition or allergies we should be aware of****

In case of medical emergency, I give my permission for my child to receive emergency medical treatment as deemed necessary. I certify that the above named swimmer(s) is/covered by medical insurance. I understand that Ridgefield Park Pool does not maintain any form of medical insurance for swim team members. I expressly understand and agree that no officers, agent, volunteers, assistants, or employees of the Ridgefield Park Pool shall be responsible or made the subject of any claims seeking damage or loss of any sort to myself or other person(s) on whose behalf this form is now signed as a result of actual or proposed participation on the Ridgefield Park swim team.

Parent/Guardian (Printed / Signature) _____ Date ___/___/___

Expectations of Swimmers:

1. Attend workouts regularly and on time.
2. Inform coaches with as much notice as possible (at least one day) when unable to participate in a meet.
3. Be courteous, respectful and appropriate behavior with coaches and other team member.

Signed:

Swimmer #1 _____

Swimmer #2 _____

Swimmer #3 _____

Swimmer #4 _____

Parents Responsibilities:

1. Ensure swimmers are at practice on time and are picked up on time.
2. Take part in swim meet duties or other volunteer position when assigned. If you are unable to fulfill your obligation, it is your responsibility to find a replacement.

Parent Signature(s):

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Please return these forms in a sealed envelope with check payable to Ridgefield Park Swim Team Attention: Sharon Strowbridge at 125 Overpeck Avenue, Ridgefield Park NJ 07660 NO LATER THAN July 1,2009